HEALTHCARE EXCELLENCE

Presentation to HCQCC Cost Containment Committee

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Topics

- Background on Partnership
- First results on consumer engagement campaign
- "Overuse" campaign



Goals of Partnership

- Raise public awareness of the variations in health care quality
- Give consumers the tools they need to improve the safety and effectiveness of their care by becoming more informed and involved
- Encourage people to become advocates for the kind of overall change necessary to improve the quality of the health care system

Partnership Board of Directors

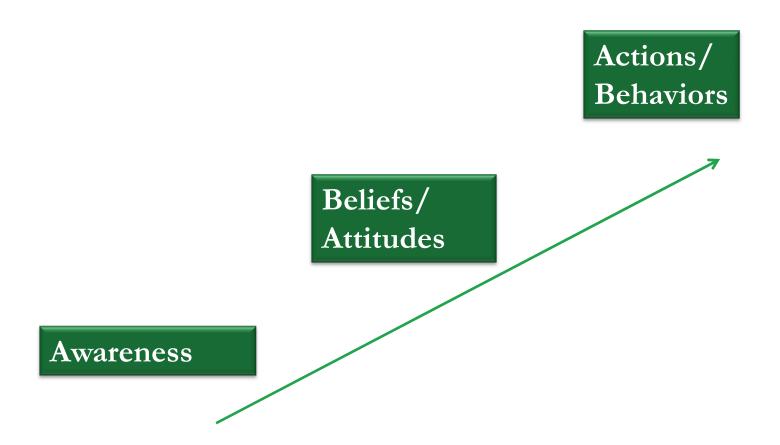
- Jim Conway (Chair) Institute for Healthcare Improvement
- Jack Evjy, MD MA Medical Society
- Zoila Torres Feldman Kit Clark Senior Services
- Robert Haynes MA AFL-CIO
- Alan MacDonald MA Business Roundtable
- Peter Meade Rasky Strategic Communications
- Lucilla Prates Elder Services of Merrimack Valley
- Barbra Rabson MA Health Quality Partners
- Dana Gelb Safran BCBSMA

Partnership's Leadership Council

- More than 55 member organizations include providers, consumer groups, businesses, insurers, labor, disease advocacy groups and public health advocates
 - Betsy Lehman Center, MA Health Quality Partners, Council on Health Care Quality and Cost, MA Department of Public Health
 - MA Hospital Association, MA Medical Society, MA Organization of Nurse Executives, MA Association of RNs, MA Board of Rx
 - AARP, American Cancer Society, American Diabetes Association,
 American Heart/Stroke Association, Federation of Children with Special Needs
 - Blue Cross Blue Shield, BMC Health Net, Fallon, Harvard Pilgrim, Health New England, Neighborhood, Tufts,
 - Associated Industries of Massachusetts (AIM), Greater Boston Chamber of Commerce, Massachusetts Business Roundtable



Campaign Strategy





Key Campaign Themes

Umbrella theme of patient education/empowerment

Medication errors

Hospital safety

"Right" c

Theme criteria:

- Statistical/measurable documentation of problem
- Specific actions patients can take to minimize risk
- Credible third party voices

First Ad Campaign "Great Patient"





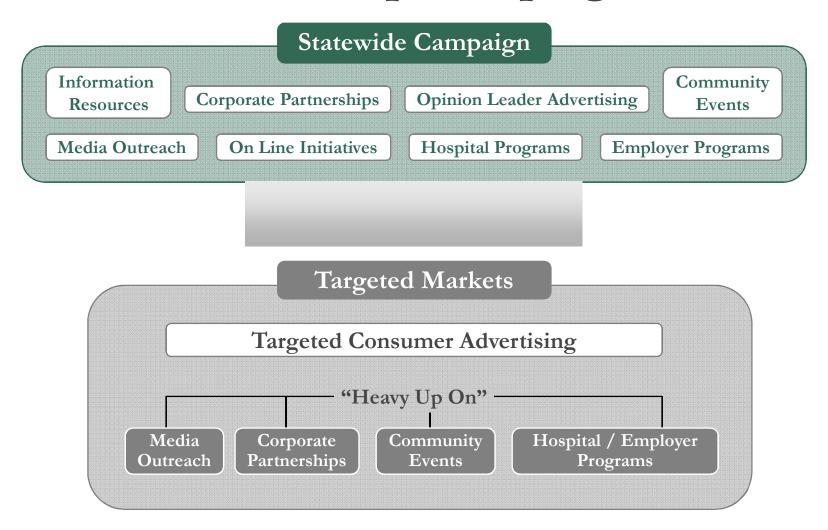




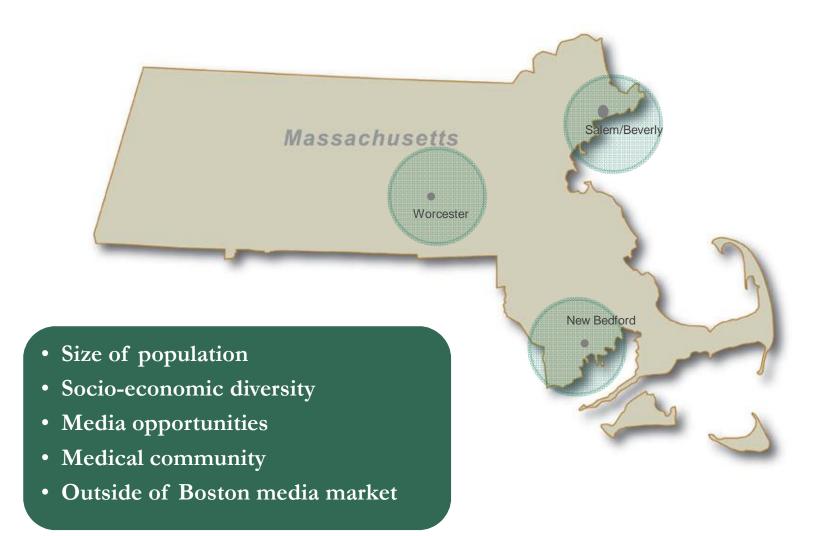




Partnership Campaign



Target Markets





"Outcomes" Measured Thru Consumer Surveys

- Benchmark survey in April 2008
- Tracking survey in after 8 months (December 2008) to assess awareness of campaign messages, behavior change and advertising recall
- MA adults (25-64)
 - 500 statewide
 - 350 in each target market

Partnership Has Begun to Have Impact

- Consumers in the target markets seem to have more knowledge about what they should do to be a better patient, avoid medication errors, and fight infections.
- Consumers in the target markets are more likely than consumers elsewhere to volunteer multiple ideas for how to be a better patient, avoid medication errors, and fight infections—suggesting greater breadth of knowledge.
- The impact of the campaign is most visible among consumers in two categories: those who say they usually pay little or no attention to news and information about health care and those who report their own health is "excellent"

Among those who say they pay <u>little</u> attention to news on health and health care, awareness of key topics <u>increased</u>.

Among those who pay little attention to health news		Change, April to December*	
Percent who have heard "a great deal	"	In pilots	Outside pilots
Frequent hand washing		-1	-17
Taking antibiotics exactly as prescribed		+6	-13
Using antibiotics only when necessary and appropriate		-8	-19
Preventing infections such as the common cold, strep throat and flu		+4	-4
Keeping lists of medicines	There was also a noticeable increase in awareness in pilots among those in excellent health (+11).	+9	-6
Preparing questions before doctors' appoin	ntments	+9	-11
Medication errors and taking medications safely		-15	-16
Medical infections that people get in the hospital		+2	-15
What you yourself can do to be a better patient +3		-11	
Medical errors that happen in the hospital or doctor's office		0	-19
What you yourself can do to work as partner		-3	-15
Writing down notes either during or after doctors' appointments		+7	-8
The risks associated with CT scans		+6	-3

^{*} Change is measured in percentage points. Yellow cells indicate areas where awareness has increased between April and December.

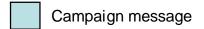
Consumers in target markets were more likely to mention something communicated by the campaign

Can you tell me some things you your self can do to be a better patient or be more involved in your own health care? (UNAIDED QUESTION. Multiple responses allowed. Verbatim responses coded into categories.

Categories of 5% or greater displayed.)

December, Statewide	In pilots	Outside pilots	Gap*
Ask questions	31%	30%	+1
Stay informed	28%	31%	-3
Eat healthy/monitor your diet	16%	16%	0
Take a list of questions to doctors' appointments	19%	18%	+1
Listen closely to doctor	16%	15%	+1
Exercise regularly	12%	13%	+1
Keep lists of all the medicines you are taking	11%	9%	+2
Tell doctor about all medicines you are taking	11%	5%	+6
Schedule routine visits with your doctor	17%	16%	+1
Read labels	5%	3%	+2
Be open with your doctor	22%	18%	+4
Follow instructions	19%	17%	+2
No response or don't know	10%	9%	+1
Average number of responses echoing campaign messages	1.90	1.74	+0.16

^{*} Gap is measured in percentage points.



Red circles indicate a statistically significant difference between subgroups at 95% confidence

Employer Pilot at EMC Was A Success

On-line pre and post campaign surveys revealed:

- Most employees recalled the series of emails on healthcare topics from EMC and find the overall campaign useful and informative
- Eight in ten went on to visit the EMC-branded WebMD site, and nearly all find the site useful (with more than half saying <u>very</u> useful)
- Awareness of campaign topics increased, and employees are now more likely to recall this type of information from EMC than any other source
- Behaviors are slower to change, but directionally improving across the board

Implications

- Direct outreach combined with advertising indeed seems to reach consumers who are challenging to engage
- As expected, we are very much still in the education phase (raising awareness/knowledge), with measurable behavior change still in the future
- Specific and easy tasks (e.g., carrying lists, writing things down, double checking prescriptions) have the most potential to be recalled
- Consistent with early research, consumers are more likely to listen to positive messages (e.g., "quality can be better") than negative ones (e.g., "quality is a problem")



"OVERUSE" CAMPAIGN

An Idea Grew...

- Raised at our meeting last year/confirmed by Leadership Council, PHE Board
 - National Priorities Partnership
- Special meeting of PHE Leadership Council in August
 - Framed issues
- Task Force convened in December

Task Force

- David Deitz, MD Liberty Mutual
- Debbie Banda AARP MA
- Dana Safran BCBS
- Debra Poskanzer, MD Tufts
- Jack Evjy, MD MMS
- Carolyn Langer, MD Harvard Pilgrim
- Judy Levy BMC Health Net Plan
- Pano Yeracaris, MD Network Health
- Beth Foley Fallon
- Valerie Fleishman New England Healthcare Institute
- Matt Collins, MD Neighborhood HP

Task Force Recommendations

- Two prong approach
 - Investigate adapting antibiotic programs already used (and tested) in other markets
 - Conduct research on messaging and campaign strategies concerning imaging overuse and possibly overuse generally
- Research campaign
 - Qualitative 19 expert interviews, 6 focus groups
 - Quantitative telephone survey of 1000 consumers

Early Lessons: Antibiotics

• While MA adults appear relatively knowledgeable about the appropriate use of antibiotics and the issues and consequences associated with antibiotic overuse, it's also clear confusion still exists. Additionally, we know that antibiotic overuse is still rampant, and often driven by patient requests. This reinforces the need for a dual-track effort among consumers and physicians, and seems to suggest a strategy of:

Continuing consumer education

- Grabbing consumers' attention by reinforcing the public and personal health risks associated with antibiotic resistance. Using a strong, direct tone to emphasize the seriousness of the issue is not overly alarmist because many consumers are already familiar with problems surrounding resistance.
- Keeping reminder messages and practical tips in front of consumers, by embedding these messages in materials they may find more interesting and important than materials just on antibiotics

Positioning physicians as partners

• Equipping physicians with the talking points and patient materials they need to provide consumers with <u>alternatives</u> and advice about when antibiotics are not always the right treatment, rather than just denying treatment.

Early Lessons: Imaging

- " Consumers are <u>not</u> knowledgeable about the risks/consequences associated with imaging overuse. A campaign around this topic must begin by raising awareness
- We know consumers' fear of catastrophic health problems drives demand for imaging and that we're unlikely in the short-term to change behaviors around requesting scans that rule out low probability, high mortality events.
- To begin a dialogue around the appropriate use of imaging services, we should highlight examples where alternatives <u>should</u> be considered much more frequently.
- An immediate opportunity exists to encourage consumers and physicians to discuss the necessity of imaging services for identifying treatments for lower back pain or orthopedic issues. By discussing alternatives, we can begin to influence beliefs.

2009 Strategy

- Share our results and early experiences
- Build on our success
- Expand messaging End of Life, Overuse
- Recruit consumers